

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/80913

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5	3					
6	3					
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46	3					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	3				
52	3				
53	3				
54	3				
55	3				
56	3				
57	3				
58				1	
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98					
99					
100					
TOTAL IND.				5	
TOTAL DEP.				42	
TOTAL CLAIMS				47	